

City of Danbury Assessor's Office

**Skilled Nursing Facility
Income and Expense Survey for Calendar Year 2005**

Information provided is CONFIDENTIAL, in accordance with Connecticut Law.

Property Name (if applicable): _____

Property Address: _____

Form Preparer/Position: _____

Telephone Number: _____

General Data

Number of Rooms (or Units) _____

Number of Licensed Beds _____

Potential Gross Income (At 100% Occupancy):

Type of Patient		Daily Reimbursement Rates	Census (# Patient Days)	Annual Income
Private Pay	Private			
	Semi-private			
	Wards			
VA	Skilled			
	Intermediate			
HMO	Semi-private			
Medicare	Semi-private			
Medicaid	Semi-private			

Potential Annual Rental Income (Full Occupancy) \$ _____

Ancillary Income: \$ _____

Total Potential Gross Income \$ _____

Annualized Vacancy and Collection Loss \$ _____

Effective (Actual) Gross Income \$ _____

Annual Operating Expenses:

Fixed Expenses

Real Estate Taxes	\$ _____
Personal Property Taxes	\$ _____
Insurance	\$ _____

Variable Expenses

Administration/Marketing/Activities	\$ _____
Food Service	\$ _____
Housekeeping and Laundry	\$ _____
Nursing and Personal Care	\$ _____
Maintenance & Janitorial	\$ _____
Utilities	\$ _____
Administrative, Legal & Accounting	\$ _____
Management Fees	\$ _____
Replacement Reserves (please explain below)	\$ _____

Total Operating Expenses \$ _____

Net Operating Income \$ _____

If possible, please include a copy of your year end Income Summary.

Yes No
☐ ☐ Do any of the figures include capital expenditures or extraordinary costs which vary from typical operating expenses? If yes, explain:

Comments or additional Information (may be attached):

/

Signature/Position Date